

# ACORD™ PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

PRODUCER PHONE (A/C, No, Ext):	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME	AM	PREVIOUSLY REPORTED	
	POLICY TYPE	COMPANY AND POLICY NUMBER	NAIC CODE	PM	YES NO
	PROP/HOME	CO: POL:		POLICY DATES	
	FLOOD	CO: POL:		EFF: EXP:	
CODE:	SUB CODE:	WIND	CO: POL:	EFF: EXP:	
AGENCY CUSTOMER ID					

**INSURED**

**CONTACT**

CONTACT INSURED

NAME AND ADDRESS OF INSURED		DATE OF BIRTH	NAME AND ADDRESS OF INSURED		
		SOC SEC # OR FEIN:			
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)				
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)		DATE OF BIRTH	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	
		SOC SEC # OR FEIN:	WHERE TO CONTACT	WHEN TO CONTACT	

**LOSS**

LOCATION OF LOSS					POLICE OR FIRE DEPT TO WHICH REPORTED
KIND OF LOSS	FIRE THEFT	LIGHTNING HAIL	FLOOD WIND	OTHER (explain)	PROBABLE AMOUNT ENTIRE LOSS
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)					

**POLICY INFORMATION**

MORTGAGEE					
<input type="checkbox"/> NO MORTGAGEE					
HOMEOWNER POLICIES SECTION 1 ONLY (Complete for coverages A, B, C, D & additional coverages. For Homeowners Section II Liability Losses, use ACORD 3.)					
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	DEDUCTIBLES	DESCRIBE ADDITIONAL COVERAGES PROVIDED
					ON
COVERAGES A. EXCLUDES WIND					
SUBJECT TO FORMS (insert form numbers and edition dates, special deductibles)					
FIRE, ALLIED LINES & MULTI-PERIL POLICIES (Complete only those items involved in loss)					
ITEM	SUBJECT OF INSURANCE	AMOUNT	% COINS	DEDUCTIBLE	COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				
SUBJECT TO FORMS (insert form numbers and edition dates, special deductibles)					
FLOOD POLICY	BUILDING: DEDUCTIBLE:	ZONE	PRE FIRM	DIFF IN ELEV	FORM TYPE
	CONTENTS: DEDUCTIBLE:		POST FIRM		GENERAL DWELLING CONDO
WIND POLICY	BUILDING DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE	GENERAL DWELLING CONDO
REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)/NY ONLY: PREVIOUS ADDRESS OF INSURED & WIFE'S MAIDEN NAME					
CAT #	FICO #	ADJUSTER ASSIGNED	ADJUSTER #	DATE ASSIGNED	
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER		